2700 INTERNÂL TRANSFE	R REQUEST FOR S.N.	041 488182
DATE: 4/24/00	FROM: R. STEP AEN	DILDINE, TE (print name)
FORWARD TO:  A. Art Unit: 273/ 3. Class: 352  FURTHER EXPLANATION IF N	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  EEDED: Packet PB	(check box) (check box)
DATE:	FROM:	(print name)
FORWARD TO:  A. Art Unit:  B. Class:  C Subclass:	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)
		· ·
FURTHER EXPLANATION IF I	NEEDED:	(print name)
	FROM: REASON(S):	(print name)  (check box) (check box)
PURTHER EXPLANATION IF I	FROM:  REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):	(check box)
DATE:  FORWARD TO CLASSIFIER  FURTHER EXPLANATION IF	FROM:  REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):  NEEDED:	(check box)
DATE:  FORWARD TO CLASSIFIER	FROM:  REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):  NEEDED:	(check box)

FURTHER EXPLANATION IF NEEDED: